

Name in Full

Certificate of Death

Geo. Alfred Barton, Queen Anne's Co.

Died at *Kent Island* *Queen Anne's*

MARYLAND

Date *1902 Oct. 14* Month *Oct.* Day *14* Y. *7* M. *8* D. *8* Native of _____ Occupation _____

Male _____ White _____ Married _____ Widow _____ Divorced _____

~~Foreign~~ _____ Colored _____ Single _____ Widower _____ Number of children living _____

Husband of _____
Wife _____

Father's Name *Geo. Barton*

Mother's Name *Sophia Barton*

Cause of { Primary *Dentition*

How long sick

Death { Immediate *Spasm*

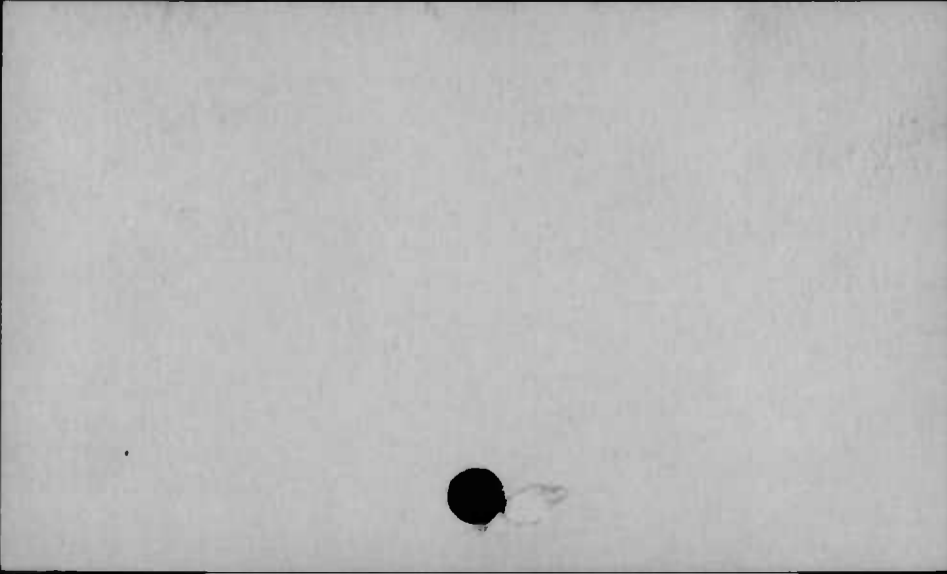
Accident, Suicide, Homicide

Reported by *Mr. J. P. Barton*

Address *Kent Island*

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 05968



Name
in
Full

William H. Breeding

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Kent Island</i> ^{Town}		<i>Q. A. F.</i> ^{County}		MARYLAND	
Date of death 190 <i>2</i> ^{Month} <i>oct</i> ^{Day} <i>24</i> ^{Year} <i>58</i>	Age <i>58</i>	Months	Days		
Sex <i>male</i>	Color or Race <i>white</i>	Birth-place <i>Caroline co.</i>			
Married, Single <i>Single</i>	Occupation <i>Farmer</i>				
Name of Wife or Husband <i>Francis M. Breeden</i>					
Father's Name <i>William Breeden</i>			Father's Birthplace <i>Delaware</i>		
Mother's Maiden Name			Mother's Birthplace <i>Delaware</i>		
Name of person giving Information <i>Harry P. Breeden</i>			How related to deceased <i>Son</i>		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<i>Paralysis</i> <i>66</i>	How long	<i>1 wk</i>
Immediate		How long	
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>		Signature of Physician <i>Percy Kemp</i>	
		Address <i>Kent Island, Md.</i>	
Accident or Suicide?			



Name
in
Full

Lamb Collection

CERTIFICATE OF DEATH

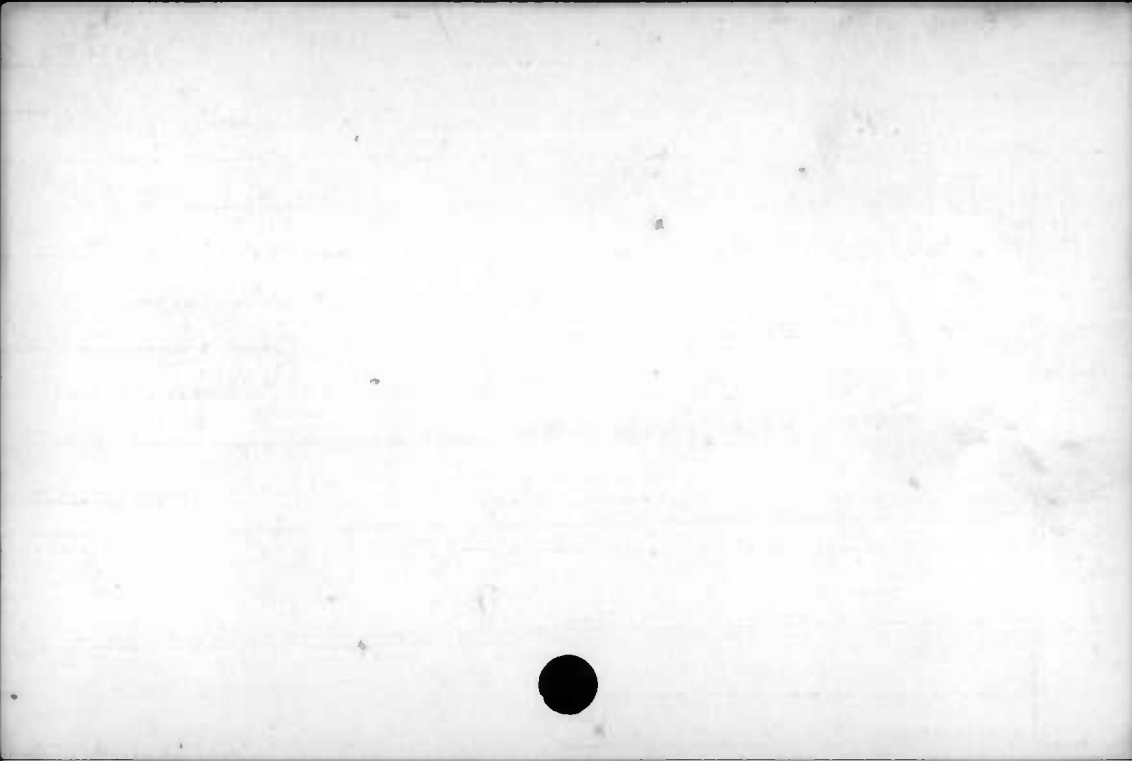
TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town		County		MARYLAND	
Date of death 1902		Month	Day	Age	Years	Months	Days
Sex		Color or Race		Birth-place			
Married, Single or Widowed		Occupation					
Name of Wife or Husband							
Father's Name		Father's Birthplace					
Mother's Maiden Name		Mother's Birthplace					
Name of person giving information		How related to deceased					

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Phthisis Pulmonalis	How long	Four year.
Immediate	Extreme exhaustion.	How long	Two week.
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	
Yes		Howard R. Hopkins.	
		Address	
		Lancaster	
		Md.	
Accident or Suicide?			



Name
in
Full

G Peraline Carroll

CERTIFICATE OF DEATH

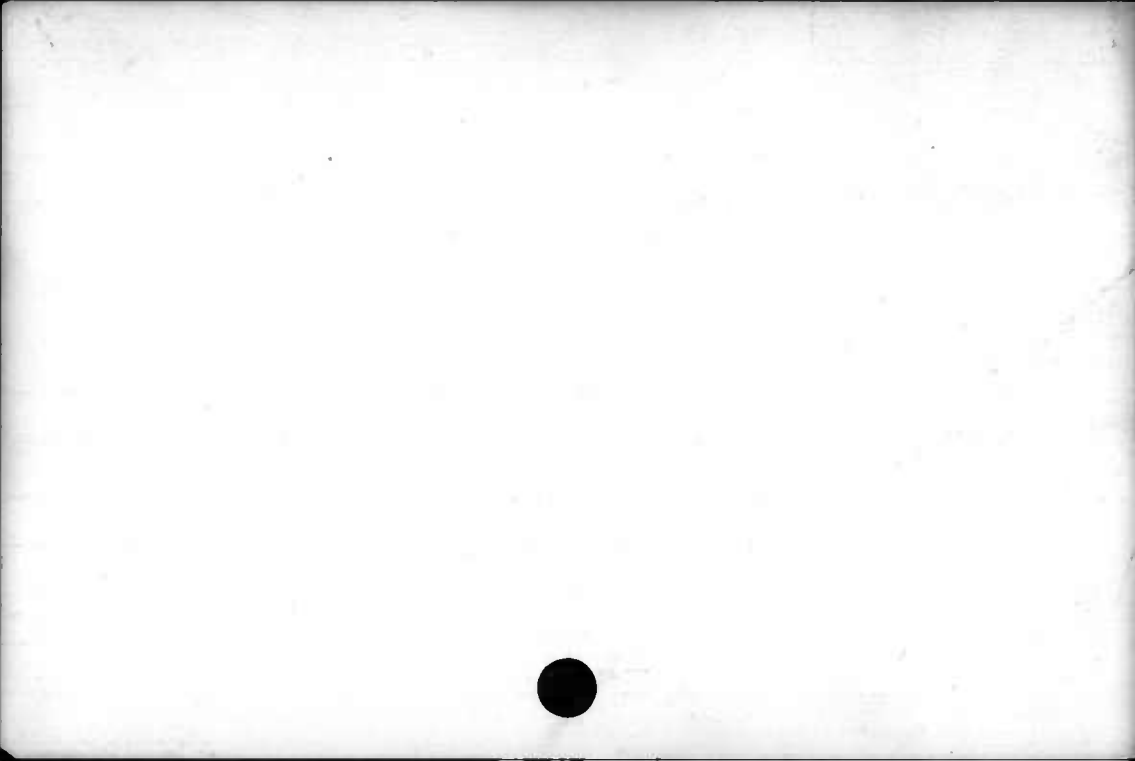
TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town		County		MARYLAND	
Date		Month	Day	Years	Months	Days	
of death 1902		10	28	Age	1	19	
Sex	female	Color or Race	Colored		Birth-place	Winchester	
Married, Single or Widowed				Occupation			
				X			
Name of Wife or Husband							
Father's Name				Father's Birthplace			
George H Carroll				Winchester			
Mother's Maiden Name				Mother's Birthplace			
Florence Griffin				Greensboro			
Name of person giving information				How related to deceased			
George H Carroll				Father			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Cholera infantum	How long	Since its Birth
Immediate		How long	
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	
		J. H. Arter Car-	
		Address	
		Greensboro	
Accident or Suicide?			



Name In Full

Certificate of Death

Died at *Mear Sudlersville* Town *Queenanns* County *MARYLAND*

Date *1902* Month *Oct* Day *27* Y. *1* M. *14* D. *Md.* Native of *Md.* Occupation

Male *White* ~~Monmouth~~ *Widow* ~~Divorced~~
 Female *Colored* *Single* *Widow* Number of children living

Husband
of
Wife

Father's Name *Elmer Gorden* Mother's Name *Mable Gorden*

Cause of Death Primary *debility* *(5)* How long sick *Two days*
 Immediate *(5)* Accident, Suicide, Homicide

Reported by *Elmer Gorden* *Lois Smith*
 Address *Millington* *Funeral Director*

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

Attended by Dr. _____
of _____

Seen by Coroner _____
of _____

Information contained in this certificate
received from Elmer Gooden
of Snodgrassville Mich

Buried at Snodgrassville
Mich

Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <u>Chester</u> Town		<u>Queen Anne's</u> County		MARYLAND	
Date of death 190	<u>2</u> Month <u>Oct</u>	Day <u>2</u>	Age <u>74</u> Years	Months <u>8</u>	Days <u>2</u>
Sex <u>Female</u>	Color or Race <u>White</u>	Birth-place <u>Chd.</u>			
Married, Single or Widowed <u>Widow</u>		Occupation <u>none</u>			
Name of Wife or Husband <u>Nelson Gardner</u>					
Father's Name <u>Wm Harris</u>			Father's Birthplace <u>Chd.</u>		
Mother's Maiden Name <u>Mary Harris</u>			Mother's Birthplace <u>Chd.</u>		
Name of person giving information <u>Ella E Morgan</u>			How related to deceased <u>daughter</u>		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <u>Senility</u>	How long <u>154</u>
Immediate <u>Asthma</u>	How long <u>1 yr</u>
Are the name, age, sex, color, date and place correctly given above? <u>yes</u>	Signature of Physician <u>C. P. Kemp</u>
	Address <u>Kent Island</u>
Accident or Suicide? <u>Chd. X</u>	

John H. H. H.

Lillian M. Gress

Town

County

Died at

Sudlersville *Brown Anne*

MARYLAND

Date 1902

Month

Day

Y.

M.

D.

Native of

Occupation

10 15

Age *20*

Maryland

X X

~~Male~~

White

~~Married~~~~Widow~~~~Divorced~~

Female

~~Colored~~

Single

~~Widower~~~~Number of children living~~

Husband of

Wife

X X

Father's Name

Mother's

Maiden Name

Mary Gress
Mary Smith

Cause of

Primary

Acute Nephritis

How long sick

48 hours

Death

Immediate

Uræmia

Accident, Suicide, Homicide

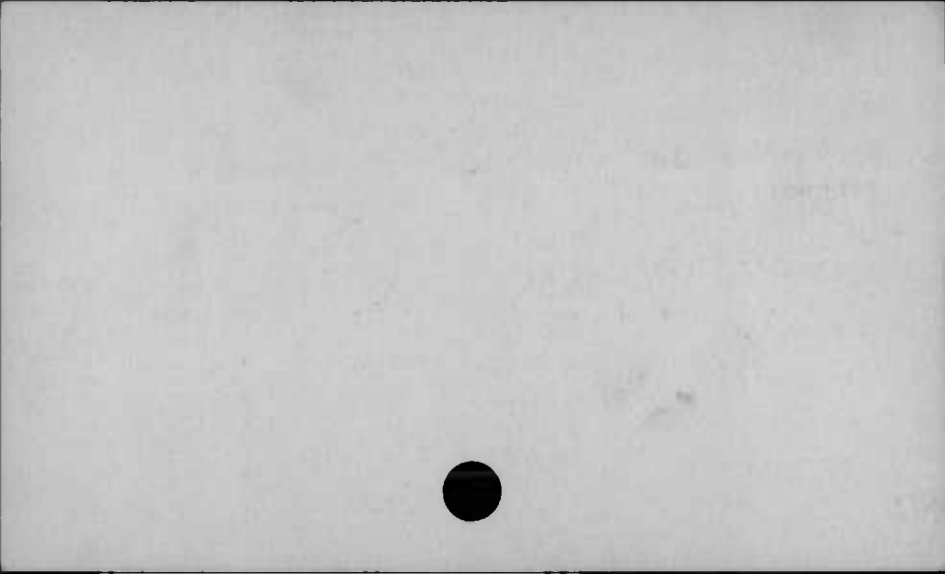
Reported by

Foster Sudler

Address

Sudlersville *Md*

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Mary Elizabeth Jones

Town

County

Died at McGuiness

Queen Anne

MARYLAND

Date 1902

Month Day

Oct. 10th

Y.

M.

D.

Native of

Occupation

Age 63, 6, 26

Md

Housewife

~~Male~~

White

Married

Widow

~~Divorced~~

Female

~~Colored~~~~Single~~~~Widower~~

Number of children living 2

Husband of

Wife

Richard A Gray

Father's

Mother's

Name

Darius Stansbury Jones

Maiden Name

Elizabeth Debora Ireland

Cause of

Primary

Cancer of Bladder

How long sick

18 months

Death

Immediate

Uremia

42

Accident, Suicide, Homicide

Reported by

F. N. Sheppard M.D.

Address

Brimpton Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name
in
Full

Annie G. Lane

CERTIFICATE OF DEATH

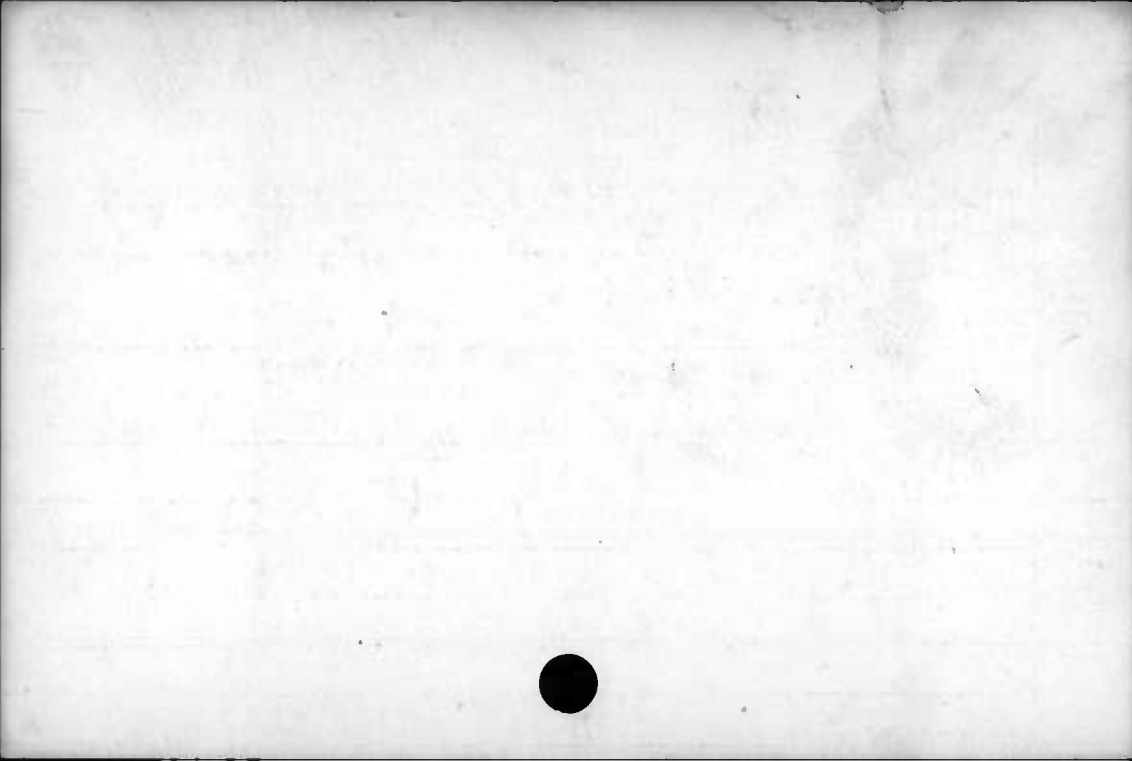
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>near</i>		Town <i>Elips</i>		County <i>Queen Anne's</i>		MARYLAND	
Date of death 190 <i>2</i>		Month <i>6th</i>		Day <i>10</i>		Age <i>65</i>	
Sex <i>Female</i>		Color or Race <i>White</i>		Birth-place <i>Caroline Co</i>		Months <i>1</i>	
Married, Single or Widowed <i>Married</i>		Occupation <i>Farmer's Wife</i>		Name of Wife Husband <i>James H Lane</i>		Father's Name <i>Jhs Sorden</i>	
Mother's Maiden Name <i>M M Sorden</i>		Father's Birthplace <i>Caroline Co</i>		Mother's Birthplace <i>LI "</i>		Name of person giving information <i>James E Lane</i>	
How related to deceased <i>Son</i>							

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Heart, Valvular, & Bronchial Arteries</i>		How long <i>Several years</i>	
Immediate <i>Heart failure</i>		How long <i>(Fall) Immediate death</i>	
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician <i>Howard R. Hopkins</i>	
		Address <i>Queenstown</i>	
Accident or Suicide?		<i>MD.</i>	



Matthew N. Lesage

Town

County

Died at M. Ginnis - Ginn Avenue

MARYLAND

Date 1902 Oct. 11 Age 65-9- Maryland Farmer

Male White ~~Married~~ ~~Widow~~ ~~Divorced~~

~~Female~~ ~~Colored~~ ~~Single~~ Widower Number of children living 2.

Husband of

Wife

Father's

Name

Mother's

Maiden Name

Cause of

Primary

How long sick

Immediate

Death

~~Accident, Suicide, Homicide~~

Reported by

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name In Full

Certificate of Death

Died at

Date 1902

Husband
of
WifeFather's
Name

Cause of

Death

Reported by

Address

Must be signed by physician, if any in attendance, otherwise coroner, undertaker or minister.

Town

County

Month

Day

Y.

M.

D.

Native of

Occupation

Age

White

Married

Widow

Divorced

Female

Colored

Single

Widower

Number of children living

Maiden Name

Mother's

How long sick

Accident, Suicide, Homicide

Primary

Immediate



Name
in
FullGeorge Washington Marvel
Chester Sussex County

CERTIFICATE OF DEATH

Died at

Date

of death 1902

Month

Oct

Day

21

Age

Years

69

Months

10

Days

15

MARYLAND

Sex

Male

Color or
Race

White

Birth-
place

Lower Del

Married, Single
or Widowed

Married

Occupation

Farmer

Name of Wife or
Husband

Sarah J. Marvel

Father's
Name

Pettymann Marvel

Father's
Birthplace

Lower Del

Mother's
Maiden Name

Clotilde A. Plummer

Mother's
Birthplace

Tallot Co.

Name of person giving
In formation

Hendaway Marvel

How related
to deceased

Son

CAUSES OF DEATH

Primary

Shock - + Exposure

How long

166
Unknown

Immediate

Traumatic Delirium & Exhaustion

How long

5 days

Are the name, age, sex, color, date
and place correctly given above?

Yes.

Signature of
Physician

E. Higgins M.D.

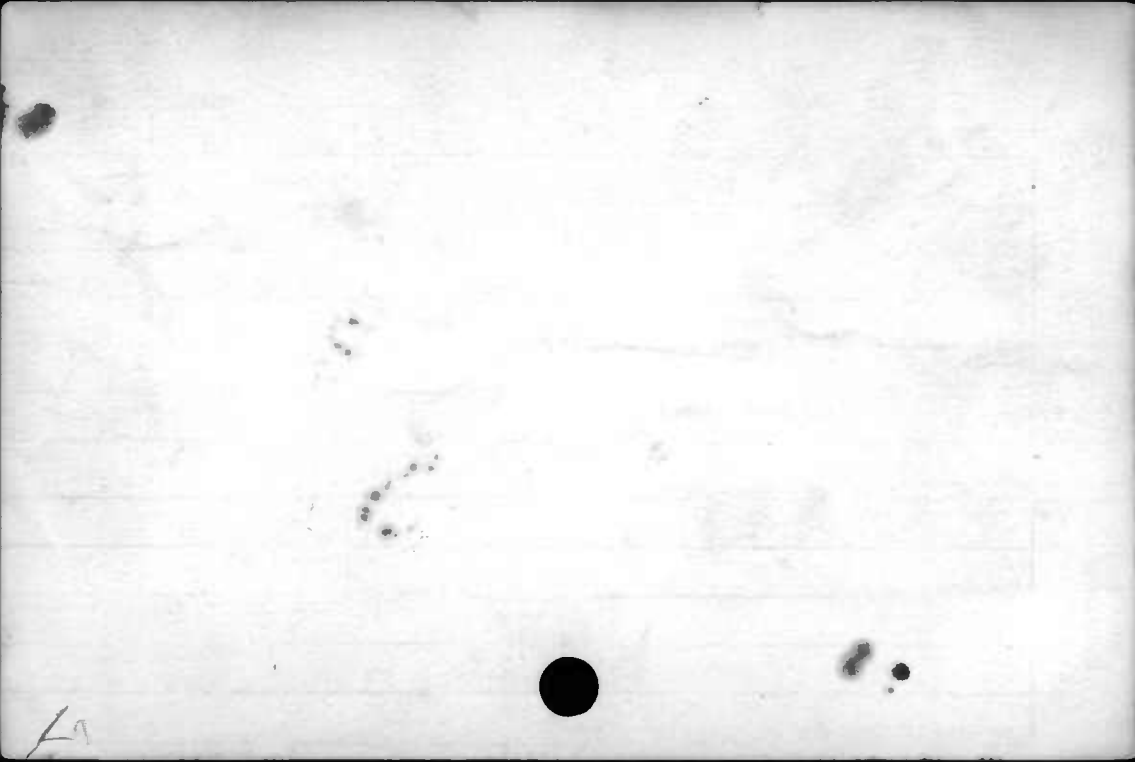
Address

Chester

Accident or Suicide?

Accident.

TO BE ANSWERED BY
NEAREST FRIENDPHYSICIAN
OR CORONER



Name
in
Full

Mary Ann Merchant

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town New Sudbury		County Laes		-		MARYLAND	
Date of death 1902		Month Oct	Day 13	Age Years 75		Months -		Days -	
Sex Female		Color or Race White		Birth- place Maryland					
Married, Single or Widowed				Occupation					
Name of Wife or Husband Noah C. Merchant									
Father's Name James Stant				Father's Birthplace					
Mother's Maiden Name				Mother's Birthplace					
Name of person giving Information Noah C. Merchant				How related to deceased					

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary Fracture of neck of femur		How long 4 hrs -	
Immediate Disruption of heart, only saw once		How long -	
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician J. H. H. Hudson	
		Address Chesapeake Ave. Md.	
Accident or Suicide?			

Sullivan County.

Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died <i>near Centerville</i>		Town <i>Centerville</i>		County <i>Queen Anne's</i>		MARYLAND	
Date of death 190 <i>2</i>	Month <i>10</i>	Day <i>25</i>	Years <i>71</i>	Months <i>2</i>	Days <i>9</i>		
Sex <i>male</i>	Color or Race <i>Black</i>		Birth-place <i>Berksville Co Md</i>				
Married, Single or Widowed <i>married</i>	Occupation <i>Laborer</i>						
Name of Wife or <i>Julia Stuckert</i>							
Father's Name <i>Wm. Newman</i>				Father's Birthplace <i>Don't Know</i>			
Mother's Maiden Name <i>Corsey</i>				Mother's Birthplace <i>Don't Know</i>			
Name of person giving information <i>Thomas Newman</i>				How related to deceased <i>Son</i>			

CAUSES OF DEATH

120

PHYSICIAN
OR CORONER

Primary <i>Chronic Interstitial Nephritis</i>	How long <i>5 yrs</i>
Immediate <i>Emphysema</i>	How long <i>:</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>Don't Know</i>
	Address <i>Centerville Md</i>
Accident or Suicide? <i>no</i>	<i>Queen Anne's Co</i>



Name
in
Full

Wm H Morris

CERTIFICATE OF DEATH

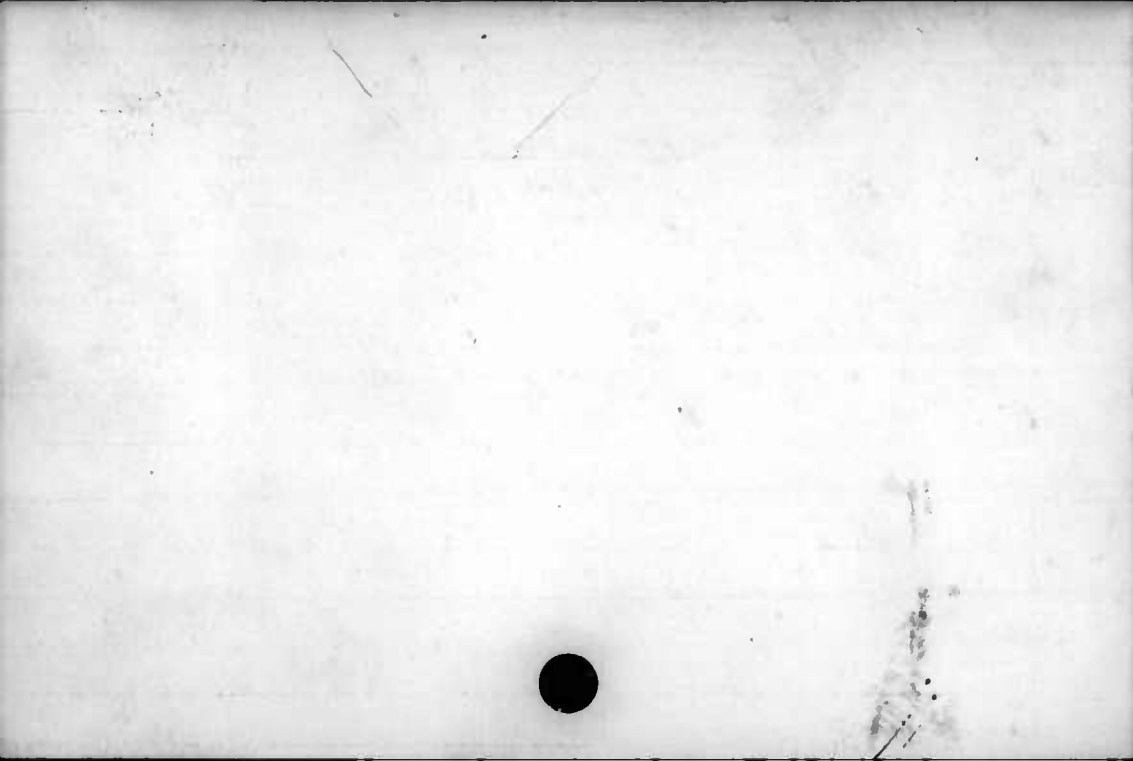
TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town		County		MARYLAND	
Date of death 1902		Month	Day	Age	Years	Months	Days
Sex		Color or Race		Birth-place			
Married, Single or Widowed		Occupation					
Name of Wife or Husband							
Father's Name				Father's Birthplace			
Mother's Maiden Name				Mother's Birthplace			
Name of person giving information				How related to deceased			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Malarial fever	How long	Two weeks
Immediate	Obstruction of bowel	How long	Four days
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	
		Address	
Accident or Suicide?			



Name
in
Full

CERTIFICATE OF DEATH

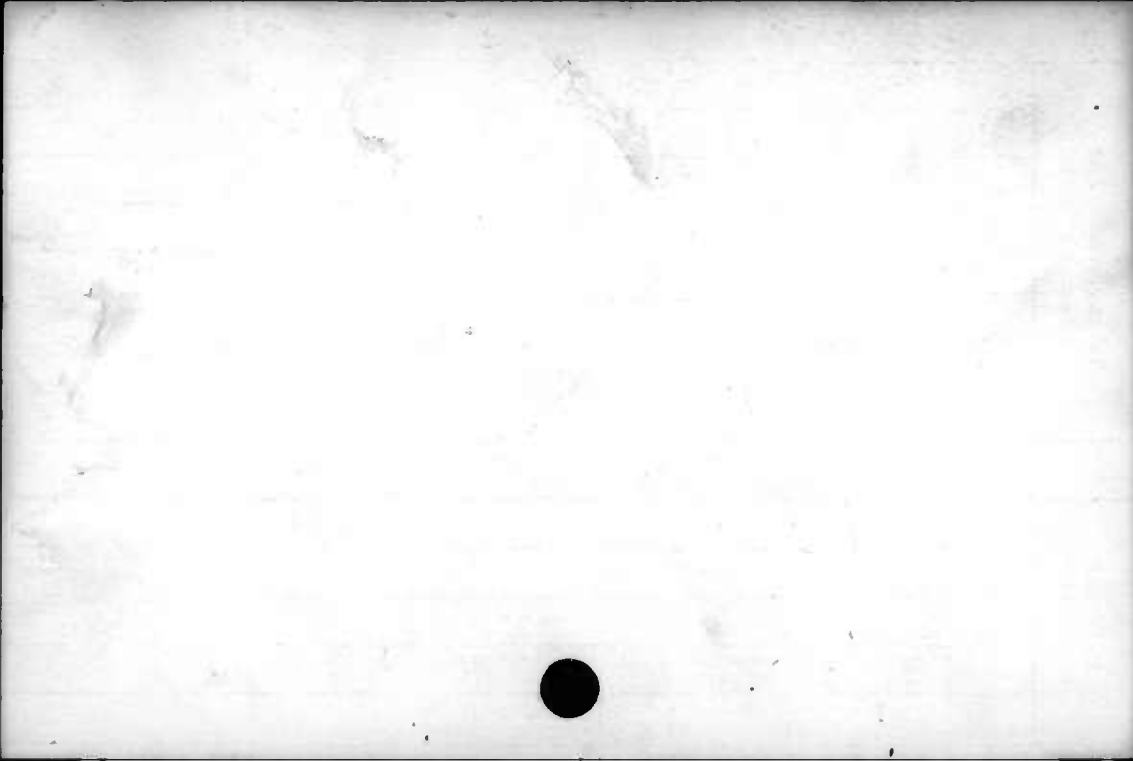
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Manchester</i> ^{Town}		<i>Queen Anne's</i> ^{County}		MARYLAND	
Date of death 190 <i>2</i>	Month <i>10</i>	Day <i>19th</i>	Age <i>68</i>	Months <i>10</i>	Days
Sex <i>Male</i>	Color or Race <i>White</i>		Birth-place <i>Summersett Co</i>		
Married, Single or Widowed <i>Married</i>	Occupation <i>agsturnan</i>				
Name of Wife or Husband <i>X</i>					
Father's Name <i>X</i>			Father's Birthplace <i>Summersett Co</i>		
Mother's Maiden Name <i>Esther Cox</i>			Mother's Birthplace <i>Summersett Co</i>		
Name of person giving information <i>Edmund J. Perry</i>			How related to deceased <i>son in law</i>		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>General debility</i>	How long <i>Yes or more</i>
Immediate <i>Chronic Intoxication</i>	How long <i>about a year</i>
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician <i>Shawwood M.D.</i>
<i>Yes</i>	Address <i>Ford's Store</i>
Accident or Suicide? <i>_____</i>	



Name in Full

Certificate of Death

George Sampson #206

Died at ^{Town} near Centerville ^{County} Queen Anne's MARYLAND

Date	1902	Month	Day	Age	Y.	M.	D.	Native of	Occupation
		10	8	0-4-0				Maryland	none
Male		White		Married				Widow	
Female		Colored		Single				Widower	
									Number of children living

Husband of _____
Wife

Fether's Name Geo. Sampson Mother's Maiden Name Louisa Griffith

Cause of Death { Primary Throat How long sick 10

Death { Immediate 100 Accident, Suicide, Homicide

Reported by R. W. Eddins

Address Centerville Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

Information given by Mr
Robt. A. Moore the employer of
childs father.

Name
in
Full

John Henry Simpson

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Centerville</i> ^{Town}		<i>2. d.</i> ^{County}		MARYLAND	
Date of death 190 <i>2</i>	Month <i>10</i>	Day <i>19</i>	Age <i>1 week</i>	Months	Days
Sex <i>male</i>	Color or Race <i>Black</i>		Birth- place <i>Centerville</i>		
Married, Single or Widowed <i>Single</i>		Occupation <i>murdering</i>			
Name of Wife or Husband —					
Father's Name —			Father's Birthplace —		
Mother's Maiden Name —			Mother's Birthplace —		
Name of person giving In formation <i>mother</i>			How related to deceased <i>mother</i>		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<i>Infantile convulsions</i>	How long	<i>1 week</i>
Immediate	—	How long	—
Are the name, age, sex, color, date and place correctly given above? <i>yeb</i>		Signature of Physician <i>Dr. J. R. Lee</i>	
		Address <i>Centerville</i>	
Accident or Suicide?			



Died at

Date 19

02

~~Male~~

Female

Husband
of

Wife

Father's

Name

Cause of

Death

Reported by

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

Town

County

Month

Day

Y.

M.

D.

Native of

Occupation

Age

~~Married~~~~Widow~~~~Divorced~~

Single

~~Widower~~~~Number of children living~~

MARYLAND

Myrtle E. Smith

Crumpton

Queen Anne's

Oct 24

10-6-8

Maryland

School

White

~~Colored~~

Mother's

Maiden Name

Ella McKenna

Primary

Immediate

Diphtheria

Heart failure

How long sick

3 weeks

~~Accident, Suicide, Homicide~~

C. P. Gourneau M.D.

Crumpton Md.



Name in Full Julian Paul Smith
 Town Crownston County Queen Anne
 Died at Crownston Queen Anne MARYLAND
 Date 19 02 Month Oct Day 20 Age 1 Y. 2 M. 2 D. Native of Maryland Occupation _____
 Male White ~~Marrried~~ ~~Widow~~ ~~Divorced~~
~~Female~~ ~~Colored~~ ~~Single~~ ~~Widower~~ ~~Number of children living~~
 Husband of _____
 Wife _____
 Father's Name Horace Smith Mother's Maiden Name Ella McKenna
 Cause of Death { Primary Diphtheria How long sick One week
 Immediate Heart Paralysis ga ~~Accident, Suicide, Homicide~~

Reported by C. P. Gorman M.D.Address Crownston Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name In Full

Certificate of Death

Chas Henry J. Sparks

Town

County

Died at Mar Rock Queen Anne's

MARYLAND

Date 1902	Month 10	Day 13	Age 73-10-	Native of Md	Occupation Farmer
Male	White	Married	Widow	Divorced	
Female	Colored	Single	Widower	Number of children living	Two

Husband of	Rosa V. Sparks
Wife	
Father's Name	C. J. Sparks
Mother's Name	Sarah Wiggins
	Maiden Name

Cause of	Primary	Paralysis	How long sick	one year
Death	Immediate	"		Accident, Suicide, Homicide

Reported by	R. M. Edkins	at Wright & Edkins
Address	Centreville Md.	Undertakers

Must be signed by physician, if any in attendance, otherwise Coroner, undertaker or minister.

LIBRARY BUREAU, 79898

Information herein given by
the family of Deane
Dr Malone of Greensboro had
been in attendance

R. W. Eddins

Name in Full

Certificate of Death

Ernest Sparks

Town

County

Died at

Mc Guinness Queen Anne

MARYLAND

Date 1902

Month

Day

Y.

M.

D.

Native of

Occupation

Oct 17

Age

22-3

Maryland Farmer

Male

White

Married

Widow

Divorced

~~Female~~~~Colored~~

Single

Widower

Number of children living

Husband

of

Wife

Father's

Name

John Sparks

Mother's

Maiden Name

Mary E Cole

Cause of

Primary

Asthma

How long sick

16 years

Death

Immediate

Accident, Suicide, Homicide

Reported by

Bradley D. Sparks Undertakers

Address

Crumpton

Maryland

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79898



Name in Full

Certificate of Death

Name in Full *Joseph Sparks*
 Town *Barclay* County *2. A. Co*
 Died at *MARYLAND*
 Date 1902 *10. 8* Month *10* Day *8* Y. *57* M. *57* D. *57* Native of *Ind* Occupation *carpenter*
 Male ☒ Female ☐ White ☒ Colored ☐ Married ☐ Single ☐ Widowed ☐ Number of children living *6*

Husband of *Foreman E. Sparks*
 Wife *Foreman E. Sparks*
 Father's Name *Foreman E. Sparks* Mother's Name *Foreman E. Sparks*
 Maiden Name *Foreman E. Sparks*

Cause of Death { Primary *Cancer* Immediate *45* How long sick *2 months*
 Accident, Suicide, Homicide

Reported by

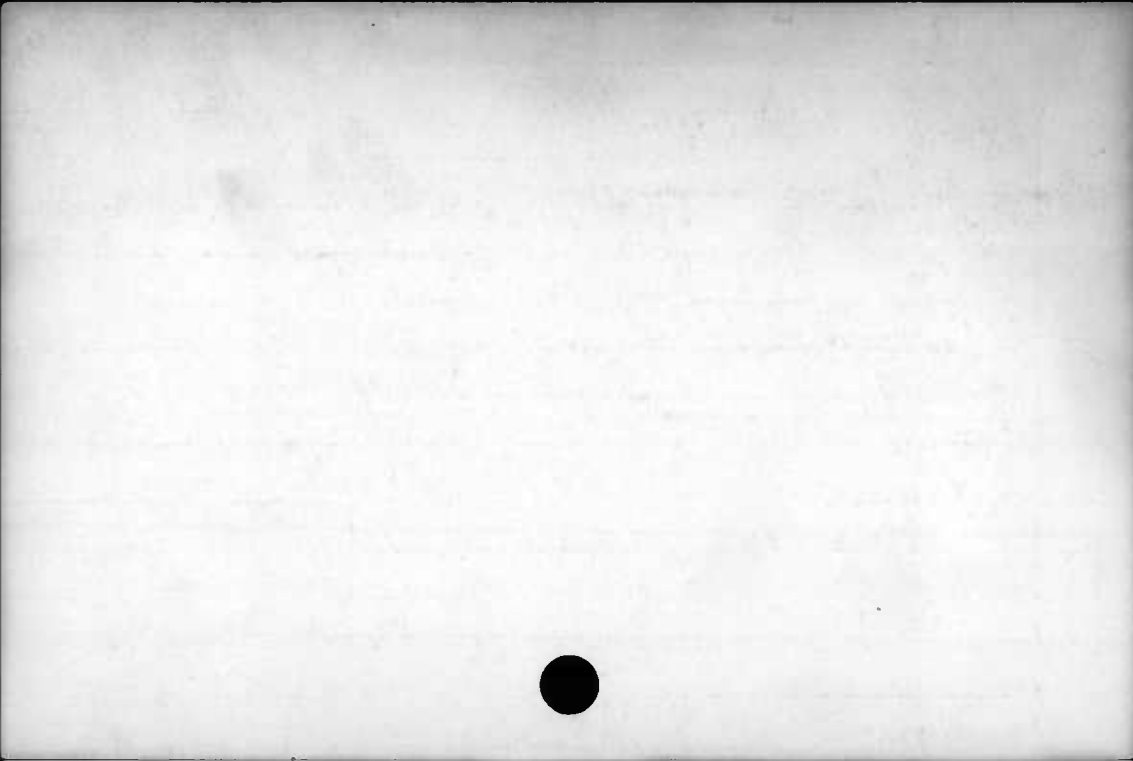
Address

Must be signed by physician, if any in attendance, otherwise coroner, undertaker or minister.

LIBRARY BUREAU, 75898

Church Hill Cemetery

Name in Full		Bertha Willis				CERTIFICATE OF DEATH				
TO BE ANSWERED BY NEAREST FRIEND	Died at		Near Esopus		2 a.		County		MARYLAND	
	Date of death 1902		Month Oct		Day 6		Age 1		Months 7	
	Sex Female		Color or Race White		Birthplace 2 a. b.					
	Married, Single or Widowed		Single		Occupation					
	Name of Wife or Husband									
	Father's Name		John E. Willis		Father's Birthplace					
	Mother's Maiden Name		Black Boyan		Mother's Birthplace		2 a. b.			
Name of person giving information		John E. Willis		How related to deceased		Son-in-law				
CAUSES OF DEATH										
PHYSICIAN OR CORONER	Primary		Suffocation 172				How long		—	
	Immediate		Secondary				How long		—	
	Are the name, age, sex, color, date and place correctly given above?				Signature of Physician		W. C. McCombs			
	Yes				Address		Undertaker			
	Accident or Suicide?				Queenstown Md					



Name In Full

Certificate of Death

Eddie Miller

Town

County

MARYLAND

Died at near Dilloughby Queen Anne

Month

Day

Y.

M.

D.

Native of

Occupation

Date 1902 Oct 11

Age

29

Md.

Male

White

Married

Widow

Divorced

Female

Colored

Single

Widower

Number of children living

Husband of

Wife

Father's Name Jim Miller

Mother's

Maiden Name

Millie Laurens

Cause of

Primary

Marasmus

How long sick

since birth

Death

Immediate

Exhaustion

Accident, Suicide, Homicide

Reported by

W. H. Miller

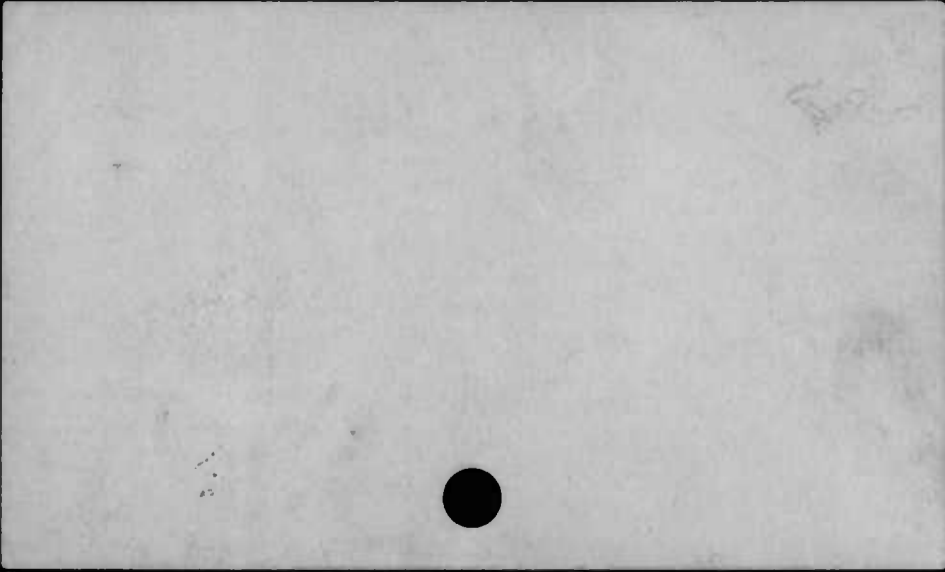
Address

Billsboro

Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79898



Millie Milner

Town

County

MARYLAND

Died at Queen Anne Queen Anne

Date 1902 Oct 31 Age 19 Y. 2 M. 1 D. 1 Native of Ind Occupation Housewife

Male White Married Widow Divorced
Female Colored Single Widower Number of children living none.

Husband of James Milner
Wife

Father's Name Nice Lams. Mother's Maiden Name Not named.

Cause of Death { Primary Lobar Septicaemia How long sick 2 months
Immediate Exhaustion Accident, Suicide, Homicide

Reported by W. F. Milner

Address Hillsboro Ind.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name
in
Full

Wright

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <u>Chester</u> <small>Town</small>		<u>Queen Anne</u> <small>County</small>		MARYLAND	
Date of death 1902	<u>Dec</u> <small>Month</small>	<u>3rd</u> <small>Day</small>	Age <u> </u> <small>Years</small>	<u>3</u> <small>Months</small>	<u> </u> <small>Days</small>
Sex <u>Male</u>	Color or Race <u>Colored</u>	Birth-place <u>Chester</u>			
Married, Single or Widowed <u> </u>			Occupation <u> </u>		
Name of Wife or Husband <u> </u>					
Father's Name <u>Daniel R. Wright</u>			Father's Birthplace <u>Kent Island</u>		
Mother's Maiden Name <u>Mary Whitaker</u>			Mother's Birthplace <u> </u>		
Name of person giving information <u>Daniel Wright</u>			How related to deceased <u>Father</u>		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <u>Pneumonia (Broncho)</u>	How long <u>3 weeks</u>
Immediate <u>Convulsions</u>	How long <u> </u>
Was the name, age, sex, color, date and place correctly given above? <u>So far as known</u>	Signature of Physician <u>Kemp & Suggs</u>
	Address <u>Kent Island Md.</u>
Accident or Suicide? <u> </u>	

